

Ladies Auxiliary of FRA Application Form

Membership for the LA FRA is open to the spouse, daughters, stepdaughters, mother, grandmother, and granddaughters (not less than sixteen (16) years of age) of FRA members, and widows of those who were eligible to be members at the time of their death.

NAME: _____

ADDRESS: _____ APT: _____

DATE OF BIRTH: _____ SOCIAL SECURITY NO: _____

HOME PHONE: _____

I am the: (Please check one of the following)

Spouse ____ Widow/Remarried ____ Mother ____ Grandmother ____

Sister ____ Daughter ____ Granddaughter ____ Stepdaughter ____

of (Serviceman's Name:) _____ Rate/Rank: _____

Service Branch (USN, USMC, USCG) _____

MEMBERSHIP PREFERENCE:

Unit Preference: LaFRA Unit 238

Applicants Signature: _____ DATE: _____

Payment Options:

Mastercard ____ Visa ____ Check ____

Credit Card # _____ Exp Date: _____

DUES: ____ 1 Yr. \$15.00

Proposed by: _____ Member # _____ Unit # _____

Verification of Eligibility

The above named Fleet Reservist is a member of the FRA Branch _____

The above named Fleet Reservist was eligible to be a member of the FRA Branch _____

at the time of death (Date) _____

Unit Secretary: _____ Date: _____

Return Application to:

LAFRA Unit 238 Secretary, 5611 N. Birch Lane, Weston, WI 54476